



FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 12579	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Daryl C Tindle P.O. Box, Bldg., Room No., if any PO Box 158 Street 12423 Pine Street City Becker State Minnesota ZIP Code + 4 55308-0158	4. Name, file number, and address of labor organization. Name Intl. Brotherhood of Electrical Workers 160 Labor Organization File Number 022-522 P.O. Box, Building and Room Number, if any Street 2522 Marshall St. NE City Minneapolis State Minnesota ZIP Code + 4 55418
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Xcel Energy Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401-1993	7.a. Nature of Interest, Transaction, or Income. Meal - On January 9, 2004 Xcel Energy provided for me a meal. Employer and Union reciprocate in purchasing lunch for Joint Safety Committee after meetings. 7.b. Amount. \$20

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Daryl C Tindle

On

08/15/2004

Date

612-991-2945

Telephone Number

Name of Person Filing Daryl Tindle	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Xcel Energy Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401-1993	7.a. Nature of Interest, Transaction, or Income. Meal - On July 9, 2004 Xcel Energy provided for me a meal. Employer and Union reciprocate in purchasing lunch for Joint Safety Committee after meetings. <hr/> 7.b. Amount. <div align="right">\$20</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Xcel Energy Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 414 Nicollet Mall City Minneapolis State Minnesota ZIP Code + 4 55401-1993	7.a. Nature of Interest, Transaction, or Income. Meal - On November 5, 2004 Xcel Energy provided for me a meal. Employer and Union reciprocate in purchasing lunch for Joint Safety Committee after meetings. <hr/> 7.b. Amount. <div align="right">\$20</div>

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name Trade Name, if any: P.O. Box, Bldg. Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <hr/> 7.b. Amount.

To whom it may concern:

Transactions detailed in this form represent my good faith effort to reconstruct reportable transactions for the period from 1/1/2004 to 12/31/2004. Complete records of reportable transactions were not kept for that period, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there are transactions that should have been reported, I will promptly file an amended Form LM-30.

Darryl C. Linn 8/15/05